

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Future45</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00574533
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Paragon Insights</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 22 / 2016</b>
Mailing Address P.O. Box 27068		Amount <b>25000.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20038</b>
Purpose of Expenditure <b>Polling</b>	Category/Type <b>005</b>	Transaction ID : <b>001</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2016</b>
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>2780543.96</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Del Cielo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 22 / 2016</b>
Mailing Address 1427 Leslie Avenue Suite 102		Amount <b>4000000.00</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22301</b>
Purpose of Expenditure <b>Media placement</b>	Category/Type <b>004</b>	Transaction ID : <b>002</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2016</b>
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>6780543.96</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>4025000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wojciechowski, Maria, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 23 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Future45</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00574533	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>McCarthy Hennings Whalen</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 22 / 2016</b>		
Mailing Address 1850 M Street NW Suite 235			Amount <b>22135.58</b>		
City Washington	State DC	Zip Code 20036	Transaction ID : 003		
Purpose of Expenditure Media production		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>		
Name of Federal Candidate Clinton, Hillary, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>6802679.54</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>McCarthy Hennings Whalen</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 22 / 2016</b>		
Mailing Address 1850 M Street NW Suite 235			Amount <b>26545.73</b>		
City Washington	State DC	Zip Code 20036	Transaction ID : 004		
Purpose of Expenditure Media production		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>		
Name of Federal Candidate Clinton, Hillary, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>6829225.27</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>48681.31</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>4073681.31</b>

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Wojciechowski, Maria, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 23 / 2016**

Signature